

E-Mail Address:

DATE RECEIVED	
INVOICE #	CHECK #
AMT. PAID	BAL

	Department I.D. No.			
Contact Persor	Department I.D. No.			
Business Name				
Address				
City, State, Zip				
Telephone #	Fax #			
INDIANA RENTAL PURCHASE AGREEMENT ACT IC 24-7 ANNUAL NOTIFICATION RETURN - RPAA FORM 2 State Form 27007(R6/9-05) Approved by State Board of Accounts 2001				
DUE BEFORE FEBRUARY 1				
TOTAL INDIANA OPERATING BRANCHES				
The annual fee is \$200.00 for each Indiana place of business operated by the lessor on December 31 of the preceding year up to a maximum of \$10,000. The fee is applicable only to those locations which transact Rental Purchase Agreements.				
FEE DUE	\$			
If out-of-state filer, report the name and address of the designated agent upon whom service of process may be made in Indiana:				
Name and address of designated agent				
Statements are true and correct to the best of my knowledge.				
Name (typed or	printed)			
X				
Authorized Sig	nature Date Signed			

INDIANA BRANCH INFORMATION

ENTER COMPLETE ADDRESS OF EACH INDIANA BRANCH LOCATION			
ADDRESS—CITY—STATE ZIP CODE	TELEPHONE		
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ATTACH AN ADDITIONAL SHEET IF NECESSARY			

DEPARTMENT OF FINANCIAL INSTITUTIONS





30 South Meridian Street, Suite 300 Indianapolis, Indiana 46204-2759 Telephone: (317) 232-3955 FAX; (317) 232-7655 WEB SITE http://www.in.gov/dfi

The Indiana Rental Purchase Agreement Act, IC 24-7 requires all registered lessors with the Department of Financial Institutions to file an Annual Notification Return - RPAA Form 2 before February 1 in each subsequent year that the lessor solicits or enters into Rental Purchase Agreements subject to the Rental Purchase Agreement Act.

- 1. The annual fee is \$200.00 for each Indiana place of business operated by the lessor on December 31 of the preceding year up to a maximum of \$10,000. The fee is applicable only to those locations which transact Rental Purchase Agreements.
- 2. A late payment penalty of \$5.00 per day *may* be assessed for returns mailed after January 31.
- 3. Make check payable to the INDIANA DEPARTMENT OF FINANCIAL INSTITUTIONS and return with completed form.
- 4. For your record retention and the Department's examination review, make a copy of this form and keep in your files. A copy of this form and your cancelled check will serve as your receipt.
- 5. If you have changed your name, address, or telephone number, indicate any changes on the form.
- 6. You may contact the Indiana Department of Financial Institutions, Consumer Credit Division, at the above numbers.

Non-Depository Division
Department of Financial Institutions
30 South Meridian Street, Suite 300
Indianapolis, IN 46204-2759
Telephone: (317) 232-3955

Fax: (317) 232-7655

LIST OF CURRENT COMPANY OFFICERS

Please provide the name, title and e-mail address of all current officers. If the information changes throughout the year, notify this office

TITLE	E-MAIL ADDRESS
	TITLE